

Date Notice Provided: May 1 2003
mm/dd/yy

STATE SAMPLE

Method of Provision:

- ☐ Personally Presented
☐ Mailed

<Insert District Information>

NOTICE OF ACTION

In accordance with Part B of the IDEA

Prior Written Notice must be given before our district takes certain actions. The

following is to describe the action(s) ☒ Proposed or ☐ Refused by our district.

- ☐ Initial evaluation
☐ Reevaluation
☐ Ineligibility for services
☐ Change in Eligibility

- ☐ Initial placement
☐ Change of placement
☐ Change of services
☒ Other: (Specify) Graduation -
exit Special Education Services

Explanation of Action: (The reason(s) for the proposal or refusal) Danny will graduate from Truman High School on Friday, May 30, 2003. He has 26 credits to meet the graduation requirements. He will no longer be eligible for Special Education after that date.

Options Considered and Why Rejected:

- Option(s) that was/were considered: The option was considered for Danny not to graduate, but to continue with his Special Education Services.
- The reason(s) why each option was rejected: Danny has the required credits to graduate.

Basis for the Action: (A listing or attached description of each evaluation procedure, test, record, or report used as a basis for the action): Danny's transcript of his high school credit, his current IEP and last report card.

Other Factors Relevant to the Action: (Description of any other factors that are relevant to the action OR a statement that no other factors are present) The above action is contingent upon Danny passing all of his second semester courses.

Procedural Safeguards Statement

Parents of a child with a disability have protection under the procedural safeguards of Part B of the Individuals with Disabilities Education Act (IDEA). A copy of The Procedural Safeguards Statement for Parents and Children may be obtained from <insert name and address of local district special education contact>.

If you need assistance in understanding the provisions of the procedural safeguards, you may contact <insert name, address and telephone number of local district special education contact> or the Special Education Compliance Section at the Department of Elementary and Secondary Education at (573) 751-0699 or via e-mail at webrepliespeco@mail.dese.state.mo.us.

-OR-

☐ A copy of the Procedural Safeguards for Children and Parents Statement accompanies this notice. (Required with Notice of Intent to Reevaluate.)

If you have any questions or object to this action, contact me immediately.

Mary Jones
Name

Casemanager
Title

555-642-3799
Phone Number

We need your signature in ☐ Section 1 or ☐ Section 2 below:

Section 1

PARENT SIGNATURE FOR CONSENT IS REQUIRED before the following actions can be initiated:

- ☐ Initial evaluation *(with assessment)
- ☐ Initial Placement
- ☐ Reevaluation *(with assessment)

I understand and agree to the proposed action.

Parent/Guardian Signature

Date of Parent/Guardian Signature

Date signed consent received by public agency _____

***(A description of the areas to be assessed and the tests to be used [if known] must be provided with this Notice).**

Section 2

I understand that the action being proposed cannot be carried out for ten days from the date of the Notice, unless I waive that time requirement.

☐ I would like for the proposed action to be carried out and waive the 10-day time requirement.

☐ I would like to have the 10 days to consider the action being proposed.

Parent/Guardian Signature

Date

Date received by public agency _____